

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE	
09/522900			
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		2	1			
18		2	1			
19		2	1			
20		2	1			
21		2	1			
22		2	1			
23		2	1			
24	1					
25	1					
26	1					
27	3					
28	3					
29	2	1				
30	2	1				
31	7					
32	3					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	2					
TOTAL DEP.	72					
TOTAL CLAIMS	74					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	4					
52	4					
53	4					
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						